

**Dear Applicant,**

For those of you who are applying for licensure by examination, congratulations on completing your educational program and welcome to the profession of nursing. If you have any questions you may call (402) 471-4376. The following directions are provided to assist you in completing the application. For those of you who are applying for licensure by endorsement, Welcome! Thank you for your interest in becoming licensed as a nurse in Nebraska.

**General Reminders:**

1. If you have previously been licensed in Nebraska, STOP. You have the wrong form. You need to request an Application for Reinstatement packet from our office by calling (402) 471-4376 or sending an Email to [kathy.anderson@hhss.ne.gov](mailto:kathy.anderson@hhss.ne.gov)
2. If you are applying for licensure in Nebraska and currently have a multi-state license from another compact state, you may temporarily practice in Nebraska on your multi-state license from the other compact state. When you have changed your primary state of residence to Nebraska you will need to obtain a Nebraska license within 30 calendar days.
3. Please fill out the application completely. This will prevent the need to return the application to you and thereby causing a delay in issuing your license/permit.
4. If you are applying for licensure by examination you will need to include a recent wallet-sized signed photograph of yourself.
5. If you are applying for licensure by endorsement and want a temporary permit you will need to include a **notarized** copy of a current, active license in another state. Temporary permits are issued for sixty (60) days or until the expiration date of the license from the other state, whichever occurs first.
6. Licensure Fee: *See bottom of page 4 of application to determine which licensure fee is in effect.* An administrative fee of \$25 is retained on all denied and withdrawn applications. Make money payable to: DHHS, Licensure Unit.

**Section A:**

1. Be sure to indicate the address where you want the license mailed so that it will not be returned to us as undeliverable.
2. A daytime telephone number is helpful if we need to contact you regarding questions related to your application.

**Section B:**

1. To determine if your primary state of residence is a compact state, contact your board of nursing or access <http://www.ncsbn.org/> on the Internet.
2. We are unable to issue you a Nebraska license if you declare another compact state as your primary state of residence. If you currently have an active multi-state license from another compact state, you may practice in Nebraska on that license until such time as Nebraska becomes your primary state of residence. See #2 under general reminders. Please keep us informed of your current address at all times.

**Section C:**

1. Certified transcripts must be **submitted directly** from your basic nursing program and any other institution(s) from which credits required for your basic nursing degree were obtained (if they are not reflected on your nursing program transcript). This requirement applies to both examination and endorsement applicants.
2. You do **not** need to submit transcripts from any other institution, only the one leading to your initial licensure.
3. Ask your school to indicate your current name if the transcripts are in a different name.

**Section D:**

1. If you have charges pending or if you have been convicted of a misdemeanor or felony other than a minor traffic violation and answered "yes" to questions #1 or #2, please request a CERTIFIED copy of the court records, to include charges and disposition, be mailed directly to this office. Please also request that a minimum of two letters of reference from the persons listed in #6 be submitted on your behalf, including at least one reference from your most recent employer if you are or have been licensed in another state, or at least one from a faculty member if you are a new graduate. If you are currently on probation, please request that your probation officer submit a report addressing probationary conditions and your current probationary status.
2. If the conviction involved a drug and/or alcohol related offense, please submit a copy of any addiction/mental health evaluations, proof of treatment, if treatment was obtained and/or required, and any other record deemed pertinent to the conviction.
3. If you have disciplinary charges pending or if your license has been revoked, suspended or disciplined in any way, please request the state(s) taking the action to send us an official copy of the disciplinary action, including charges and disposition. If you currently have a probationary and/or limited license, please request a copy of the disciplinary action be sent to the Board of Nursing. Please request two letters of reference be submitted (see #1 above).
4. If you answered yes to #1, #2, #3, #4, or #5 please be sure to explain in the space provided.

**Section E: (Examination candidates only)**

1. Answer these questions only as they relate to the license that you are applying for at this time. For example, if you are applying for an RN license but have previously been or are currently licensed as an LPN, answer the questions only as they relate to your RN application.
2. If you are an RN examination applicant and you graduated from a foreign nursing education program, you must submit evidence of successful completion of either the Commission on Graduates of Foreign Nursing Schools (CGFNS) or the Canadian Nurses Association examination.
3. If you are an LPN examination applicant and you graduated from a non-English speaking nursing education program, you must submit evidence of passing a English proficiency examination, either the TOEFL with a minimum score of 540, the TOEFL computer version with a minimum score of 207, the IELTS with a score of 725 or the TOEIC with a minimum score of 780.

#### **Section F: (Endorsement candidates only)**

1. If the state in which you were originally licensed is one of the states listed on Nursys™ please register with Nursys or the National Council of State Boards of Nursing. **The Nursys™ form is available online at <https://www.nursys.com/Common.asp?pt=LICENSEVERIFICATION> or you can contact us to mail one out.** If the state in which you were originally licensed is not listed on that form, send the Nebraska Verification of Licensure Form attached to this application and the required fee to your original state of licensure. Ask that the completed form be sent directly to the Nebraska Board of Nursing. You will need to contact your original state, if it is not listed on the Nursys™ form, to determine their fee for licensure verification.
2. Each applicant for licensure by endorsement is required to meet one of the following criteria: a) have five hundred (500) hours of nursing practice within the previous five (5) years; b) have graduated from an approved nursing program within the previous five (5) years; c) have completed a Board approved refresher course or other approved review course of study within the previous five (5) years; Please check which one of these requirements that you meet

#### **General Reminders:**

**All RN licenses expire October 31 of even-numbered years. All LPN licenses expire October 31 of odd-numbered years.** At the time this license is renewed one of the following renewal criteria must be met:

1. Graduated from an approved nursing program within the previous two years OR
2. Graduated from an approved nursing program in over two but less than five years AND have completed 20 contact hours of inservice/continuing education within the last two years (10 of the hours being peer reviewed) OR
3. Practiced nursing for a minimum of 500 hours within the last five years AND have completed 20 contact hours of inservice/continuing education within the last two years (10 of the hours being peer reviewed) OR
4. Completed a review course of study consisting of a minimum of 75 contact hours approved by the board within the last five years.
5. Obtained/maintained current certification in a nursing specialty granted by a nationally recognized certifying organization; or
6. Developed and maintained a portfolio that includes the licensee's current continuing competency goals and evidence/verification of professional activities to meet those goals. Such evidence may include, but not be limited to, specialized training or experiences, continuing education, employer performance evaluation, or other evidence of demonstrated competency. Please check which one of these requirements that you meet

#### **APPLICATION COMPLETION REMINDERS:**

In addition to completing and returning this application, have you:

1. Enclosed one (1) recent wallet-sized photograph of yourself with your signature on it (examination candidates only).
2. Requested your nursing program and other colleges to send transcripts. (Check with institutions(s) to determine their transcript fee).
3. Requested court records (if applicable).
4. Requested disciplinary records from other board(s) of nursing (if applicable).
5. Requested letters of reference (if applicable).
6. Submitted proof of CGFNS or Canadian Nurses Association licensure Examination (if applicable).
7. Requested verification of license from state of original license or Nursys™ (endorsement candidates only)
8. Enclosed required fee (refer to graph). Make money payable to: DHHS, Licensure Unit
9. Enclosed a NOTARIZED copy of a current nursing license (endorsement applicants who want temporary permit)

**Mail this application, the appropriate fee and required supporting documentation in the enclosed envelope to the address below. All supporting documentation from outside sources should also be mailed to this address:**

Department of Health & Human Services  
Division of Public Health  
Licensure Unit  
PO Box 94986  
Lincoln, Nebraska 68509-4986

**DEPARTMENT OF HEALTH & HUMAN SERVICES DIVISION OF PUBLIC HEALTH LICENSURE UNIT  
APPLICATION FOR LICENSE FOR REGISTERED NURSE OR LICENSED PRACTICAL NURSE**

Application for:

\_\_\_\_\_ RN \_\_\_\_\_ LPN

Obtained by \_\_\_\_\_ Exam (first license) \_\_\_\_\_ Endorsement (licensed in another state)

Do you want a temporary license? (Endorsement Only) \_\_\_\_\_ Yes \_\_\_\_\_ No Date Needed: \_\_\_\_\_

**Section A: PERSONAL INFORMATION (All applicants must complete this section)**

Legal Name	First	Middle	Maiden	Last
List any other names by which you have been known				
Address to where you want your license mailed:	Street/PO/Route			
	City	State	Zip	
Telephone Number	Fax Number			
E-Mail address	Date of Birth			
Place of birth	Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Social Security Number				

**Section B: PRIMARY STATE OF RESIDENCE (All applicants must complete this section)**

I declare that my current primary state of residence is \_\_\_\_\_. This state is referred to as my home state under the Nurse Licensure Compact and means that it is my declared fixed permanent and principal home for legal purposes and is my domicile. Indicators of a domicile include, but are not limited to, where real property is located, where the person pays state taxes, votes, is licensed to operate a motor vehicle, etc. If you indicated another compact state as your primary state of residence, will you be moving to Nebraska and declaring Nebraska as your primary state of residence?

YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, date you plan to move \_\_\_\_\_.

If you have declared Nebraska as your primary state of residence, what date did Nebraska become your primary state of residence? \_\_\_\_  
\_\_\_\_\_

Are you a military/federal employee? YES \_\_\_\_\_ NO \_\_\_\_\_

**Section C: EDUCATION (All applicants must complete this section)**

Licensed Practical Nursing Program		
Name of School		
Location	Date Completed	Degree

Registered Nursing Program		
Name of School		
Location	Date Completed	Degree

**Section D: LICENSE ELIGIBILITY (All applicants must complete this section)**  
**Failure to disclose any such convictions regardless of when the conviction occurred could result in disciplinary action, including but not limited to a minimum of \$500 civil fine.**

		Yes	No
1	Do you currently have any charges pending which may result in a felony or misdemeanor conviction?	<input type="radio"/>	<input type="radio"/>
2	Have you ever been convicted of a misdemeanor or felony other than a minor traffic violation?	<input type="radio"/>	<input type="radio"/>
3	Have you ever been denied admission to take a licensing examination in any health care profession?	<input type="radio"/>	<input type="radio"/>
4	Has your license in any health care profession ever been encumbered in any way (denied, revoked, suspended, limited, put on probation, refused renewal of, or disciplined in any way)?	<input type="radio"/>	<input type="radio"/>
5	Are there any disciplinary charges pending against any health profession license?	<input type="radio"/>	<input type="radio"/>

**IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS PLEASE EXPLAIN:**

6	Give the name, address and telephone number of two (2) nurses who have known you for at least one year and who will affirm your moral character: <b>(All applicants must complete this section)</b>		
	A	Faculty member or most recent employer: Name and title	
		Address	
		Phone Number	
	B	Other Nurse: Name and Title	
		Address	
Phone Number			

**Section E: (Complete this section only if you are applying for licensure by examination)**

		Yes	No
1	Have you previously applied to be licensed by examination in Nebraska?		
2	Have you previously taken the NCLEX® licensing Examination?	In Nebraska	In another State
3	Was your Nursing education in English?		
4	If you are a foreign educated PN, what English Proficiency examination have you taken?	Score:	
5	If you are a foreign educated RN, have you have taken:	Canadian Nurses Association Examination?	CGFNS?
		Yes	No
		Yes	No

Section F: (Complete this section only if you are applying for licensure by endorsement)			
1	List state that issued original nursing license:		
2	List other states where you have been or are currently licensed:		
3	The national licensing examination was previously known as the State Board Test Pool Examination (S.B.T.P.E.) and is currently known as the National Council Licensure Examination (NCLEX-RN® or NCLEX-PN®). Have you taken a national licensing examination?		Yes
			No
	If yes, please indicate the following:		
	Locations	Dates	
4	To obtain a Nebraska nursing license you must meet one of the following criteria. Please check the one that you meet:		
	<input type="radio"/>	A	500 hours of nursing practice during the past five (5) years.
	<input type="radio"/>	B	Graduate from a board-approved <b>nursing</b> education program within the previous five (5) years.
	<input type="radio"/>	C	Completion of a board-approved refresher course or an approved review course of study consisting of a minimum of 75 contact hours within the previous five (5) years. Program Course _____ Completion Date _____

Section G: (All applicants must complete this section)
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I hereby certify that the information on this application is correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

#### Fee Schedule

##### Registered Nurse Licensure Fee

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Even	\$123	\$123	\$123	\$123	\$30.75	\$30.75	\$30.75	\$30.75	\$30.75	\$30.75	\$123	\$123
Odd	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123

##### Licensed Practical Nurse Licensure Fee

Year	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Even	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123	\$123
Odd	\$123	\$123	\$123	\$123	\$30.75	\$30.75	\$30.75	\$30.75	\$30.75	\$30.75	\$123	\$123

Nebraska Department of Health & Human Services System  
Division of Public Health, Licensure Unit  
PO Box 94986  
Lincoln, NE 68509-4986  
402-471-4376 or fax 402-471-1066

### Affidavit of Practice/Non-Practice

You must complete the following:

\_\_\_\_\_ I **have not** practiced nursing (except under the provisions of the Nurse Licensure Compact\*) in Nebraska prior to the date my license/temporary permit was issued.

\_\_\_\_\_ I **have** practiced in nursing Nebraska prior to the issuance of my license/temporary permit and without proper authority under the Nurse Licensure Compact.

The actual number of partial or whole days that I practiced without authority is \_\_\_\_\_.

If you have practiced nursing without a license/temporary permit or proper authority under the Nurse Licensure Compact, you will be required to pay an administrative penalty fee of \$10 for each day you practiced up to a maximum of \$1,000. You may enclose any penalty due with this form. If you do not enclose the penalty you will receive a Notice of Administrative Assessment and you will be required to pay the penalty at that time.

\*Under the provisions of the Nurse Licensure Compact if a nurse's primary state of residence is a compact state and the nurse holds a multi-state license from that compact state s/he may practice nursing in any compact state. If the nurse changes his/her primary state of residence from one compact state to another compact state s/he may practice in the new compact state of residence for up to 30 days (30 work days) prior to obtaining a license in the new compact state of residence.

#### Employer Information:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

#### Personal Information:

Print Your Name: \_\_\_\_\_ Your License #: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

#### Affidavit:

State of \_\_\_\_\_ County of \_\_\_\_\_, I \_\_\_\_\_ being duly sworn, say that I am the person referred to in this affidavit, that the statements herein contained are true to the best of my knowledge and belief; and that I have read and understand the affidavit.

\_\_\_\_\_  
Legal Signature of Applicant

\_\_\_\_\_  
Date

Nebraska Department of Health & Human Services System  
Division of Public Health, Licensure Unit  
PO Box 94986 Lincoln, NE 68509-4986  
402-471-4376 or fax 402-471-1066

PART I: To be completed by the **APPLICANT** and forwarded to original state of licensure

Name (Last, First, Middle, Maiden)		Previous Name (s)	
Current Address		City, State, Zip	
Date of Birth (mo/day/yr)	Social Security Number	License #	Type (RN/LPN) State
Name as it appears on original license (Last, First, Middle, Maiden)		Original State of Licensure	
Original License #	Type (RN/LPN)	Date Issued	
Nursing Education Program Completed		Location (state) Graduation Date	

LIST ALL OTHER STATE OF LICENSURE

State: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
State: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
State: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
State: \_\_\_\_\_ License #: \_\_\_\_\_ Date Issued: \_\_\_\_\_

I hereby authorize all identified Boards of Nursing to release my licensure data to the \_\_\_\_\_ Board of Nursing.  
Signature \_\_\_\_\_ Date \_\_\_\_\_

PART II: To be completed by **ORIGINAL LICENSING BOARD** and forwarded to Nebraska Board of Nursing

This is to certify that the above named individual was issued license number \_\_\_\_\_ Date issued \_\_\_\_\_  
to practice \_\_\_\_\_ Registered Nursing \_\_\_\_\_ Practical/Vocation Nursing

Licensed by: \_\_\_\_\_ Examination \_\_\_\_\_ Current Licensure Status: \_\_\_\_\_ Active  
\_\_\_\_\_ Endorsement \_\_\_\_\_ Inactive  
\_\_\_\_\_ Waiver \_\_\_\_\_ Lapsed  
\_\_\_\_\_ Expiration Date

Has this license ever been encumbered (denied, revoked, suspended, limited, placed on probation) ?

If yes please explain \_\_\_\_\_

Nursing Education Program \_\_\_\_\_ Approved by State? \_\_\_\_\_

Location (state) \_\_\_\_\_ Graduation Date \_\_\_\_\_  
Graduated from \_\_\_\_\_ High School \_\_\_\_\_ GED

	STATE BOARD TEST POOL EXAM REGISTERED NURSE					LP/VN	NCLEX- RN	NCLEX-PN
	Medical Nursing	Psych Nursing	Obstetric Nursing	Surgical Nursing	Nursing of children			
Score								
Series/form#								

State/ Provincial Constructed Exam \_\_\_\_\_ Score \_\_\_\_\_  
CNATS Exam \_\_\_\_\_ Number of times applicant wrote exam \_\_\_\_\_  
Other (Please explain) \_\_\_\_\_ Exam in English? \_\_\_\_\_

SEAL

Signature \_\_\_\_\_  
Title \_\_\_\_\_  
State \_\_\_\_\_ Date \_\_\_\_\_